

**STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET
SUITE 210
DOVER, DELAWARE 19901**

REQUEST FOR ADDITIONAL LOCATIONS

**MOTOR VEHICLE SALES FINANCE COMPANY LICENSE
(Chapter 29, Title 5, Del.C.)**

PLEASE TYPE:

1. Name of Applicant _____

E.I. or S.S. # _____

2. Address of location in Delaware where business is to be conducted:

No. & Street

City County State Zip Code

3. Additional locations currently licensed:

4. Additional offices applied for (including telephone numbers):

5. Address where loan files and other records will be kept:

6. Personal resumes for all managers of the new location(s) should be submitted **with** this application.

7. Personal resumes and personal financial statements for all new principal officers or corporate directors should be submitted **with** the application.

8. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense? Yes _____ No _____

9. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by an other name?

Yes _____ No _____

10. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, or revoked?

Yes _____ No _____

11. If the answer to 8, 9, or 10 is yes, attach a schedule giving details. If the answer to 10 is yes, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).

12. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company. If you are a sole proprietor, please also provide a detailed personal financial statement (asset/liability statement).

13. All requests must be accompanied by a licensing fee of \$287.50 *per requested location*. Checks should be made payable to the Office of the State Bank Commissioner.

Signed: _____
Principal of Licensee

Title: _____
Date: _____

_____ being duly sworn according to law, deposes
and says that he is authorized to make this Affidavit; that the statements contained in the above
application are true and correct. Witness the due execution by the parties hereto and in the case of a
corporation or association, under their respective seals this _____ day of _____,
_____.

Corporate Seal

*___ Check here if company has no
corporate seal.

Individual/Partner/Principal Officer

Attest: _____
Secretary

*If company has had a seal in the past and no longer has one, please attach an explanation.

Sworn and subscribed before me this _____ day of _____
_____.

Notary Public

My commission expires _____